

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 16 1942

Registration District No. 411

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No.

Registrar's No.

Dr. Wm. Kennedy
42210

1. PLACE OF DEATH
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. John's Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months
(Specify whether)
In this community 22 years
(years, months or days)

3. (a) PRINT FULL NAME Alta Eve Lynch

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jess
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Nov. 19, 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Sarcoxie Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business John Troutman

12. Name John Troutman
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mahaley Smith
15. Birthplace Newton County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Lynch
(b) Address Neosho, Missouri, R F D 1

17. (a) Burial (b) Date thereof 12-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park
(a) Signature of funeral director Lanpher Mortuary
(b) Address Joplin, Missouri

19. (a) 12-27-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Neosho "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. R F D 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 24th
1941 year hour 7:30 minute p M.

21. I hereby certify that I attended the deceased from May 41 to Dec. 24 41
that I last saw her alive on Dec. 24 41
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of uterus

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)
Address Joplin, Mo. Date signed 12-27-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

44
2
5

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

F. M. Jones

..... Licensed Embalmer No. *2319*

P. O. Address. *Jaffline mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.